

50 Illinois Administrative Code Section 3119. Exhibit B

Request for Certification of a CONTINUING EDUCATION COURSE

<u>New Course Fee</u>: \$50.00 to be submitted with this form (no more than 6 courses per check will be accepted). <u>Provider Registration</u>: \$1,000.00 (if you are not currently registered as a provider in this calendar year).

Fees must be submitted with this application. Checks or money orders should be made payable to the Director of Insurance.

Provider's Address (street, city, state, zip code) Contact Person	Please Print or Type:							
Published Phone # Contact Person Phone # for Contact Person Course Title Class of Insurance to which Course is Applicable (circle all that apply) Life Health Property Casualty Public Education (circle one) Yes No INSTRUCTIONS In addition to this request, submit the following: 1. If using a publisher's course, submit a copy of the title page with the date of copyright. 2. If classroom, a timed outline and a statement of course objective. 3. If self-study, you must have an examination. 4. Exam-indicate author, number of questions, and percentage correct to pass. Please indicate in the boxes below the amount of time you will spend on each type of instruction method. For credit purposes, one (1) hot in Illinois = 50 minutes of contact instruction. 1 = Classroom only; 2 = self-study only; 3 = interactive computer only; 4 = combination method only. Method Type of Instruction 1 2 3 4 Classroom or Seminar Hours Self-Study Correspondence Self-Study On-Line Interactive On-Line Exam Hours Total Number of Hours Requested Exam Method: S = Supervised Course approved Course not approved	Provider's Name						Federal Employer's I.D.	
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We certify the above information is accurate and failure to comply with 50 III. Adm. Code 3119 may result in disqualification.	•	s accurate	and fail	lure to	compl	y with 50 III. Adm.	Code 3119 may result in	
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